Using New Media to Build Social Capital for Health : A Qualitative Process Evaluation Study of Participation in the CityNet Project

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A Qualitative Process Evaluation Study of Participation in the CityNet Project

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Abstract

The present article presents an exploratory qualitative process evaluation study of 'Ambassador' participation in CityNet, an innovative information-communication technology-based (ICT) project that aims to build aspects of social capital and improve access to information and services among disadvantaged groups in Nottingham, UK. A purposive sample of 40 'Ambassadors' interviewees was gathered in three waves of data collection. The two emergent analytic themes highlighted how improvements in confidence, self-esteem and social networks produced via participation were mitigated by structural problems in devolving power within the project. This illustrates how concepts of power are important for understanding the process of health promotion interventions using new media.

Keywords

- *community participation*
- *evaluation*
- *health inequalities*
- *health promotion*
- *information communication technology*
- *intervention*
- *media*
- *power*
- *social capital*

Beyond healthy messages: using new media in social action for health

NEW information-communication technologies hold considerable potential for health promotion (Eng, 2001). A recent Special Issue of this journal focused upon mediated health communication strategies utilizing these new technologies (Kreps, 2003). This highlighted the possibilities and challenges of using new media to improve access to health information and services, and to promote behavioural change. It is well recognized that we must go beyond a traditional psychological focus on individual knowledge, attitudes, beliefs and behaviours to tackle the wider determinants of health. This is because social, economic and institutional contexts define the opportunities individuals have to live healthy lives (Hodgetts, Bolam, & Stevens, 2005; Neuhauser & Kreps, 2003). There is clearly a risk of exacerbating existing inequalities in health if we do not address these issues, since members of socially disadvantaged groups rarely benefit from traditional health promotional initiatives (DoH, 2003). This danger is potentially even more pronounced in the case of new media interventions, given that some have argued that the poorest sections of society are largely disenfranchised of their rights to access and use ICT (see Mansell, 2002).

While it is important to recognize the value of traditional health educational and promotional interventions therefore, we must go beyond conceptualizations of ICT as a new means by which to communicate traditional health messages aiming to bring about changes in individual behaviour. In order to tackle the wider determinants of health and lifestyle, we must also begin to use ICT as a means of encouraging participative social action for health improvement. This means using ICT to build alliances for health between individuals, communities, services and organization (see Gillies, 1998a). ICT media advocacy work provides an important exemplar of such an approach, by challenging the social status quo and providing venues for voices rarely heard in debates about health or policy (Bennett, 2003; Lim, 2003).

Such an approach reflects the general shift in health promotion, since the Ottawa Charter, from educational and individual-level interventions to community development strategies. The aim here is to create the social contexts in which people from disadvantaged backgrounds can be empowered to improve their health both individually and collectively (Campbell & Murray, 2004). In application to ICT interventions therefore, we will need to develop considerably greater sophistication in health psychological theories of the role media play in everyday understandings and practices of health (Hodgetts et al., 2005). The study reported here makes a contribution to this agenda by documenting the effects of a health promotion intervention that used ICT to build aspects of social capital, an important psychosocial resource for health, in disadvantaged communities in the English city of Nottingham. In so doing, it adds to our understanding of the role media play in everyday community life and social action (Silverstone, 1999).

Social capital, health and inequality

Researchers, policy-makers and practitioners have increasingly been drawn to the concept of social capital to theorize and explain psychosocial aspects of health inequalities and the importance of collective action for health (Gillies, 1998a, 1998b). This interest has emerged alongside an increasing recognition of a range of psychological phenomena linked to the reproduction of health inequalities.

There is considerable epidemiological evidence showing the primacy of relative, rather than absolute, living standards in the perpetuation of health inequalities in western societies (Kawachi & Kennedy, 1997; Wilkinson, 1996, forthcoming). This work has highlighted the role psychosocial factors may play in bridging the divide between behavioural and material levels of explanation for health inequalities (Bolam, Hodgetts, Chamberlain, Murphy, & Gleeson, 2003; Elstad, 1998). It is hypothesized that psychosocial phenomena such as social cohesion, control over health, social identity and psychological dispositions, may effect stress responses and health-related practices and thereby provide important pathways through which inequity manifests in health (e.g. Bolam, Murphy, & Gleeson, 2004; House, 2001;

Siegrist & Marmot, 2004; Wilkinson, 2005). Critics of this approach have argued that material and structural factors remain the principal determinants of health and inequality (Muntaner, Lynch, & Oates, 1999). Views of health as determined exclusively by either purely subjective psychology or objective material conditions are clearly limited. We therefore required integrative frameworks that explain how and in what ways these two pathways influence the health of individuals and societies (Bolam et al., 2003, 2004).

Social capital has risen to particular prominence in recent debate in this area and is commonly defined as 'features of social organisation such as networks, norms, and social trust that facilitate coordination and collaboration for mutual benefit' (Putnam, 1995, p. 67). Epidemiological evidence shows that differences in social capital between geographical regions and areas can explain differences in the health of their populations (e.g. Kawachi & Kennedy, 1997; Kawachi, Kennedy, Lochner, & Prothrow-Smith, 1997). Such study has arguably extended previous research on social support and health (Cooper, Arber, Fee, & Ginn, 1999). Emerging interest in social capital as an asset for community development and health promotion (e.g. Gillies, 1998a; Hawe & Shiell, 2000; James, Schulz, & van Olphen, 2001) has also galvanized efforts in the conceptualization and operationalization of studies and interventions (Kreuter, Lezin, Young, & Koplan, 2001; Saegert, Thompson, & Warren, 2001).

There is, however, a general paucity of research evidence documenting effective interventions to guide policy and practice in efforts to reduce health inequalities (Macintyre, Chalmers, Horton, & Smith, 2001; Mackenbach & Bakker, 2002). This study therefore makes a valuable contribution to an important area for interventions with the psychosocial determinants of health and inequality (see Swann & Morgan, 2002).

ICTs, social capital and health

Although as yet unaddressed in a systematic way within the health literature, there has been debate about the impact of ICTs on social capital (Bordiga, Sullivan, Oxendine, Jackson, & Riedel, 2002; Wellman & Haythornthwaite, 2002). On one side, it has been argued that the Internet may have a negative effect on social capital because there is evidence it takes people away from their families and local social networks (e.g. Kraut et al., 1998). On the other, there is evidence that on-line activity is associated with higher levels of off-line social capital. An on-line survey study by Wellman, Haase, Witte and Hampton (2002) for instance, showed that high levels of Internet use were allied with high levels of organizational and political involvement both on- and off-line. A longitudinal study of a US community computer network found the Internet resource was used for local social capital-building activities, although there was no associated increase in community attachment except among those with high pre-existing levels of community involvement (Kavanaugh & Patterson, 2001).

Despite evidence to support the notion of a 'digital divide' between those with and without access to ICTs, there is also some limited research to suggest that relatively disadvantaged social groups need not be excluded from the potential health and social capital benefits of Internet use (see Oxendine, Bordiga, Sullivan, & Jackson, 2003). Two small survey studies of American adolescents found that neither socio-economic nor ethnic background was significantly associated with use of the Internet to access health information (Borzekowski & Rickert, 2000, 2001). A feasibility study for quality of life survey research via the Internet found that computer literacy, educational level, age, sex and ethnicity, were not significantly associated with the ability to complete a computer-assisted questionnaire successfully (Bliven, Kaufman, & Spertus, 2001).

The present article documents a process evaluation of the effects of participation in an innovative UK-based intervention, the Nottingham CityNet project, that aimed to build aspects of social capital and improve access to information and services among those on the wrong side of the health and digital divides by using a participatory and ICT-based strategy. Specifically, the study highlights the roles that power and empowerment played in mediating the consequences of one health promotion intervention attempting to use ICTs to build social capital for health.

Power, empowerment and social capital

A range of theories of power and empowerment underpin different approaches to health promotion (see Tones & Tilford, 2004). French and Raven (1986), for example, discuss power in terms of the ability to reward; to legislate; to coerce; to have personal charisma; to hold the knowledge-based power of experts; and to use power negatively, for instance in the obstruction of others' goals. In a related manner, the concept of empowerment has been extensively discussed from a range of standpoints. In general, empowerment can be viewed from a consumerist standpoint as leading to an increased ability to make informed choices, or from a liberation standpoint as a political and social process of participation via developing self-efficacy and voice among members of disadvantaged groups (Starkey, 2003).

Most importantly for the purposes of the present study, critics of the recent interest in social capital have highlighted how the structural and material bases of power and social inequalities have been ignored in favour of an abstract model of interpersonal networks in much recent social capital work (Fine, 2001). It can be argued that by ignoring the unequal distribution of material power within society, recent research on social capital has dematerialized social relations in favour of an idealized and abstracted subjective psychology (Muntaner, Lynch, & Davey Smith, 2001).

In sum, there is considerable debate about the role psychosocial factors such as social capital may play in the perpetuation of health inequalities. There is also a pressing need to move from abstract theoretical debate and epidemiological observation to practical health promotional interventions attempting to reduce these injustices. The contribution that new ICTs might make in participative social action and community development to build social capital and reduce health inequalities is not clear. The present article addresses these issues by describing the findings of an exploratory qualitative process evaluation of the effects of participation in the Nottingham CityNet project. In particular, the key emergent findings of the study regarding participants' experiences of power and empowerment serve as the central focus of analysis and discussion.

The CityNet project

Nottingham CityNet is an innovative public/private partnership, funded by the UK Treasury and EU Social Fund, aiming to produce a city-wide website and improve access to health and welfare services among those most disadvantaged. There were three key elements of the project process: first, to work with local people to design web interface and content; second, to recruit and train local Ambassadors to train others in information-communication technology (ICT) use; and third, to embed the project in local community-based organizations through partnership working. In the first year, over a thousand people were registered on the website www.nottinghamcitynet.co.uk by project workers and trained user Ambassadors from targeted groups, enabling users to access a range of services such as email, chat rooms and service information. The project incorporated a substantial participatory element in design of web interface and content, and in the peer-education element of the project. Partnership working between different organizations involved in the project was also important and separate evaluations of this process were conducted.

Overall, the project aimed to foster local connections between members of disadvantaged communities in Nottingham and to provide a platform for improved access to information and services among these groups. In short, the project aimed to build aspects of social capital for health. As far as the authors are aware, this was a nationally innovative project intervention.

The present study was conducted as part of the process evaluation of the CityNet project and all findings were reported back to project team members and funding bodies at the conclusion of the investigative period to help guide the future progress of the project. This study aimed to investigate how participation in the CityNet project affected Ambassadors' self-reports of social capital; community and project participation; and health and well-being in the widest sense. The key emergent themes related to power and empowerment are the chief focus of analysis and discussion.

Methods

Design

Recent work, including that undertaken by the World Bank and the UK Health Development Agency, advocates the use of both qualitative and quantitative research methods to capture the complexity of social capital as it operates in communities (e.g. Grootaert & van Bastelaer, 2002; Kreuter et al., 2001; Swann & Morgan, 2002). Qualitative methods were used in the present study for three reasons. First, the innovative nature of the CityNet project required open-ended methods that would be sensitive to unforeseen and unpredictable effects and developments in an intervention that is the first of its type. Second, it was anticipated that the descriptive and inductive strengths of qualitative methods would give as accurate and rounded a picture of Ambassador participation as possible. Thus, important themes and concepts that emerged through the study could be inductively generated and based in the reality of the project as the participants saw it. Third, exploratory qualitative studies of this type are needed given the comparatively recent emergence of the literature investigating connections between social capital, health and inequality (see Kreuter et al., 2001).

Two waves of tape-recorded semi-structured interviews were conducted between May 2002 and December 2003. Each interview was conducted by one of two trained social researchers—the first and second authors—and lasted between one and three hours. Interviews followed a broad schedule that addressed the key understandings, experiences and perceptions of participants about: local neighbourhood and community; social networks; participation in the project; and general health and well-being. To explore further the impact of a funding crisis in the project (see Results section), a third wave of follow-up telephone interviews was conducted with a self-selecting sub-sample of ten participants between May and June 2003. These interviews centred upon the experience of participation in the project since the initial interview and lasted between thirty minutes and one hour. Detailed written notes and direct quotations were recorded during and immediately after interview. These data added considerable value to the research findings and are a good example of how qualitative methods can be employed in a flexible and sensitive manner in evaluation studies of this type.

The Framework approach for applied policy research was used to analyse interview transcripts and transcribed written notes and quotations (Ritchie & Spencer, 1994), involving 'a systematic process of sifting, charting and sorting material according to key issues and themes' (1994, p. 177).

Participants

In its initial planning stages, the CityNet project targeted four key disadvantaged groups: young African-Caribbean men with mental health difficulties; long-term unemployed men; socially isolated carers and older people. The project also targeted those living in deprived wards. Over one hundred Ambassadors were trained during the pilot and first stages of the project.

A purposive sampling strategy was employed whereby all Ambassadors trained in two four-month periods during the initial stages of the project were interviewed. During the first period of data collection in May to August 2002, nineteen female and four male carers and older persons who had been trained during the pilot phase of the project were interviewed. Ambassadors had not been recruited into other target groups at this phase of the project. Twelve of these participants were in the 45–60 age-group, and 11 were over 65 years of age. Eleven of these participants described themselves as white and 12 as of various minority ethnic identities.

During the second period of data collection between December 2002 and January 2003, 18 interviews were conducted with another group of participants who had been trained in the second, embedding, phase of the project. There were 11 female and 7 male Ambassadors in this second wave of data collection, ranging from 18 to 75 years of age, with a mean age of 58 years. In this phase of the project, target groups for participation had been widened and the sample included four unemployed men and women; two carers; eight older people; and four people living with limiting long-term illness or disability. Twelve of these participants described themselves as white and six as of various minority ethnic identities. A self-selecting sample of ten of these participants went on to complete the

follow-up interview after the funding crisis in the project.

Results

Interview findings are presented in two themes concerning the experience and impact of participation in the CityNet project upon Ambassadors. They highlight how fragile improvements in confidence, self-esteem and social networks made via participation were mitigated by structural problems in devolving power within the project.

The psychosocial benefits of participation

CityNet provided a new resource for participants, many of whom became involved in the project through pre-existing networks and an interest in ICTs. For instance, older participants spoke of involvement in the project arising from a desire to keep engaged as they aged:

> Well physically I can't do a lot of things but I've got the sort of mind I need to keep going and I'm interested in doing a computer course . . . [a service provider] said well I know someone who would probably let you have the loan of one I'll be in touch. And that's how it all started. (Older white female, second wave)

In this extract, one older woman describes her initial engagement in the project in terms of seeking psychological stimulation, an interest in ICTs and a pre-existing service contact—working in the project was a means of keeping engaged despite physical infirmity. For other participants, the social basis of the project was a motivator or reward:

> I met someone in a pub who was a volunteer giving benefit advice for the disabled . . . I was told at the time that it wasn't that I wasn't entitled to the benefit, it was just that I had been giving the benefits agency the wrong information . . . [giving benefits advice and working with CityNet is] my way of putting a little back into society . . . (Disabled white female, second wave)

In this extract, one disabled participant describes how benefits advice helped her, and how consequently she gives back to society through working as a benefits advice volunteer and as a CityNet Ambassador.

Following initial contact with the project, participants reported that learning to use ICTs and working with project members as an Ambassador had helped build feelings of self-efficacy and self-esteem. The following two participants talk about how their participation in the project had been enjoyable and helped them and others grow in confidence:

> I would not describe myself as a confident person and [the project worker] was good in building my confidence. I lost the use of one side following a stroke and working with [the project worker] and using CityNet and having to speak has been useful. (Older white male, first wave)

> [The project is about] contact, allowing people to have contact, allowing them to understand that using a computer can only be beneficial, it's not to be afraid of and to show it's not hard to learn either and to allow you to find out things you might want to know . . . I really can't think of enough words for it. Brilliant. (Disabled white female, second wave)

In the first extract, one participant describes the benefits of participation for self-confidence and coping with the consequences of illness. In the second extract, one Ambassador talks about her enthusiasm for the project in terms of how it allows others to have contact and be confident to use the potential of ICTs.

The psychological benefits of participation were complemented by reported extension of social networks among the sample. Participants reported that they made new face-to-face interpersonal contacts through the project, via training and interactions with other Ambassadors:

> I like my group as they are nice people . . . the ideas are different in that it [CityNet] wants people around who genuinely care and support you. So when CityNet came along I thought it was a breath of fresh air as although I was talking about mental health issues in [my area] and it was using IT to look at broader horizons. (Carer white male, first wave)

> One of the Asian carers that I did not know was listening to me at a meeting and walked with me back to my house and asked me

> about caring and what happens and I told her . . . [We] decided to keep in touch with each other and ever since have been friends and we keep in touch with the computer . . . [It's] the sheer joy of knowing that people out there know there are people going through the same thing. (Carer minority ethnic female, first wave)

These two extracts illustrate how participation in the project provided a new avenue through which to meet people and make rewarding, supportive social connections. Further to this, the ICT basis of the project gave a unique, virtual, route through which networks could be maintained and extended. For instance, participants reported that they saw ICTs as a potentially useful tool to combat problems of social exclusion by aiding social contact and access to services:

> I do think it's another window, it's another hand stretched to help, you know. If you have a problem, if you're confident enough, you go on the net and just put it out. Perhaps within minutes you have a little chat or support and your answer. There are people that are very isolated I imagine . . . CityNet could even act as a friend in a way. Definitely, somewhere to go for help if you needed one. (Carer white female, first wave)

For carers like this participant, ICTs could be envisaged as a valuable resource to reduce social isolation and find support. Participants repeatedly talked about how ICTs opened new, virtual avenues for social connections, particularly through the use of email. This technology was discussed as useful in maintaining existing relationships and was viewed as a major benefit to the ICT basis of the project.

> With CityNet you have the email service which has allowed me to speak to my brother every day . . . it's allowed my son to speak to his dad every day, he lives in America . . . the older people, it allows them to keep in touch and not feel that they are on their own . . . I love it . . . (Unemployed minority ethnic female, second wave)

> I like being able to get in touch with people. I've emailed people all over the world that I've known through church and family and friends. (Carer minority ethnic female, first wave)

The benefits of participation must, however, be considered in the context of the relatively disadvantaged backgrounds of the Ambassadors. Many participants were starting from a relatively dis-empowered position and therefore gains made through participation could be potentially fragile. Low initial levels of confidence, for example, meant many participants felt they needed considerable support to engage fully as Ambassadors for the project even following their initial training:

> I don't feel like Ambassador yet for CityNet as I have not had enough training about it . . . so would not boldly wear my [Ambassador] badge, you know what I mean. You've got to know more about being an Ambassador before you can start doing it. (Older minority ethnic female, first wave)

> I had not even used computers before CityNet and had never even typed, so it is a big and new experience.
>
> *Interviewer: Do you feel more confident?*
>
> Yes, I do feel a bit more confident than when I started. Sometimes it takes ages . . . but it is getting better. (Older minority ethnic female, first wave)

In these extracts, participants talk about not feeling confident in their role as Ambassadors, despite initial group and one-on-one training, because of the relative newness of the project and their ICT experience. Furthermore, some Ambassadors lacked confidence and trust in using this medium to contact those they did not know:

> I would not email people that I do not know on the Internet, so I would not find out information unless I knew who I was contacting. (Older white male, first wave)

In sum, Ambassadors for the project spoke of a range of benefits to participation. These encompassed both psychological and social network advantages, adding to their resources for coping with and enjoying life. To this extent, CityNet succeeded in building elements of social capital for health among those participating in the project. These gains were potentially

fragile, however, as participants were often starting from a relatively disempowered and socially marginalized position.

Problems in devolving power

Putnam's conceptualization of social capital has been critiqued as presenting a romanticized image of cohesive communities largely free from the adverse machinations of power (Fine, 2001; Muntaner et al., 2001). Despite mainstreaming of the rhetoric of participation and community development in social and health policy, the reality of implementation and intervention often falls short of these ideals.

In order to have a devolved power-base and ensure sustainability, one of the main aims of CityNet was to embed the project within small-scale local community development and other partner organizations. As is often the case with health and community development interventions, however, control became more centralized and dominated by the interests of the statutory sector during the evolution of the project. Eventually, an unforeseen failure of funding created a crisis in the project. These problems in financing and the devolution of power to Ambassadors generated considerable anger and disappointment among Ambassadors and local community partners. Sadness, disengagement and disillusion were the responses of many participants:

> I felt like just as things were starting to take off they pulled the plug. The project really helped me . . . It was good to feel useful and helpful, and it helped me to be more sociable . . . I feel saddened by what's happened, but not resentful . . . Before, there was a purpose and focus to what I was doing, wanting to help other people with computers and giving lots of people the chance to tell each other their stories. Now the site has lost its incentive and interest, it's lost its purpose. I don't go on it apart from to check my mail. (Disabled white female, second wave)

> I don't know, I guess we'll just have to wait and see [what will happen to the project next]. At first, I though CityNet was great and very exciting and that it was moving on. The suddenly it is no more, and I feel disappointed about it. (Disabled minority ethnic female, second wave)

These two extracts reflect how disengagement could follow the perceived failure of the project. These participants eloquently express how the enjoyment and psychosocial benefits of participation were reduced once the future of the project came into doubt.

Given the potentially fragile nature of many of the initial psychosocial benefits of participation to Ambassadors, the adverse consequences of project difficulties were more pronounced in some cases. Specifically, the negative effects of the perceived failure of the project were most evident among those participants who had become heavily invested in the project, as exemplified in the following comments:

> I've seen those people who've really benefited from the project. How their negative way of looking at themselves and the world have been improved by being involved and getting jobs through the project. People who've had tough lives and lots of stories. Now they're becoming bitter again because they've lost their jobs. Will they ever try again? (Older white female, second wave)

> Whilst it was running it gave me a feeling of self-worth and usefulness. It was good for me, it did me the world of good. It also gave me the ability to use computers . . . I really enjoyed working on the project and got a lot out of it—I'm really sad it's stopped. (Disabled white female, second wave)

In the first extract, one participant reflects upon how those who have benefited most from the project risk the most to lose through the perceived failure of CityNet. In the second extract, one participant who was very active as an Ambassador talks about her sadness in losing the benefits of project participation.

There was considerable anger among individuals and other local community partners at the difficulties encountered embedding the project in local community organizations, reflecting academic debate about the potential exploitation of third-sector organizations and volunteers associated with the rise of social capital discourse and Third Way politics more generally (Harriss, 2001). Power is often tied to access to financial resources and the liberatory rhetoric of participation fails if such power is

unevenly distributed. This point was eloquently expressed by one participant as he considered the reliance upon, and implicit exploitation of, volunteers:

> Volunteers are all the time at the moment being conned. If there's money coming in and it's being distributed it should be distributed among people actually doing the work ... You just get sodded off with talking to highly paid people and doing most of the work for them or they can't exist without you. Because without volunteers most of these quangos would be out the door. So why can't we have a little bit out of it? ... Most people who volunteer are on benefits and it's extremely frustrating to put your good clothes on, go to the Council House with all these highly paid councillors and you're worried about your bus fare. It puts you at a disadvantage. (Unemployed white male, second wave)

This participant spoke from a long experience of civic engagement, but far from extolling the virtues of this participation he highlights how a reliance on volunteerism can operate to conceal vested interests, inequalities in power and the exploitation of those most disadvantaged in society. These problems had been recognized at the inception of CityNet and were reflected in a policy of payment for completion of Ambassador training and support in finding further employment opportunities for Ambassadors in the project. Nevertheless, the problems experienced in the project and the adverse impact of these difficulties upon Ambassadors demonstrated the difficulty of ensuring a fully participatory and devolved intervention in the context of prior existing power relationships and structures.

In sum, the difficulties encountered in devolving power and embedding the project were reflected in participant experience. The perceived closure of the project due to funding problems had the worst impact upon those Ambassadors who had become most heavily involved in the project. This shows how the benefits of civic engagement and participation can both conceal and be eroded by the unequal distribution of power. It should also be noted, however, that the anger generated among community members and partner organizations because of these difficulties has resulted in increased support for the embedding of the project in local community organizations.

Discussion

The open-ended character of the qualitative methods employed enabled an exploratory, descriptive and flexible approach to study. This was particularly valuable for investigating the impact of project participation upon Ambassadors following an unforeseen crisis in funding. The accounts of the participants offer a rich and contextually dependent view of participation in an innovative project aiming to build aspects of social capital and improve service access among disadvantaged groups.[1]

First, the findings of the present study provide a powerful real-world example of how a notion of social capital that cannot account for issues of power and socio-economic disadvantage is of limited utility for understanding and intervening with health inequalities. While successful in building improvements in psychosocial factors associated with social capital among Ambassadors, the relatively disempowered starting position and lack of control over all elements of the project damaged these fragile gains among participants. Difficulties encountered in devolving power and embedding the project in local community organizations were reflected in adverse later experiences of participation.

It is a truism that the potential damage to vulnerable individuals and groups by unsuccessful interventions needs to be addressed in the design and implementation of social policy and interventions. This issue has, unfortunately, often been ignored in previous research documenting interventions aiming to tackle health inequalities (Macintyre et al., 2001). The study demonstrates the utility of qualitative evaluation methods as sensitive to the adverse consequences of health promotional interventions of this type. The findings show the consequences of how, despite the best intentions and a strong participatory element in the design and implementation of the CityNet project, existing vested interests and power differentials in the partnership structure made it difficult to distribute control fully and empower Ambassadors within the project. Ultimate financial and operational control for the project became centralized rather than distributed. This is important

because the rhetoric of participation, empowerment and community development have become increasingly mainstream in social and health policy. The findings of this study show we still have a long way to go if we are to make this rhetoric a reality.

As health psychologists begin to explore psychological dimensions to inequality, we need to develop the conceptual and methodological tools to understand and reduce these inequities. In a recent article in this journal, Prilelltensky and Prilleltensky (2003) argued that the development of a critical approach to health will help us to acknowledge the significance of power for individual, group and community well-being. The findings of the present study provide empirical evidence in support of this view, as the psychosocial benefits of participation in the CityNet project were circumscribed by the machinations of power beyond the control of individual Ambassadors. Traditional models and theories of health psychology often isolate individuals from their social context, but this evidence shows that power may be central to programmes that aim for psychosocial improvements in the health of individuals and disadvantaged communities.

It is tempting to view ICT as a potential panacea for a range of social and health problems. The findings of this study show that ICT does indeed have great potential to build social capital for health both on- and off-line, but that this capacity reflects wider social inequalities and power disparities.

The approach taken to ICT in the project had a number of practical advantages that may be of use in future health promotional interventions of this type. First, the participatory approach to design of the CityNet website meant it was more appropriate to the perceived needs of targeted users. Second, ICT provided a useful 'hook' to encourage participation in the project—many Ambassadors had an interest in ICT that they had not previously had the opportunity or resources to explore. This helped engage people in the project. Third, training of Ambassadors in ICT use, built feelings of self-efficacy, ability to learn and a sense of self-esteem that could be cascaded out to the wider community by later Ambassador activity. Fourth, the ICT medium provided a new means of both direct and indirect social network connections that have been shown to be beneficial for both social capital formation and health. Ambassadors' use of email enabled them to establish and maintain social bonds virtually. The project also brought Ambassadors new face-to-face contacts through training and related activities.

This evidence shows that the digital divide between those with and without access to ICT can be successfully challenged when the resources—in terms of time, support, hardware and software—are put in. The results particularly highlight the significant role of ongoing one-to-one support in helping those who often have little or poor prior experience with education or ICT to engage fully with the e-health agenda of using new media for health promotion (see Eng, 2001).

ICT may be used to bring about social change, but this will occur in an evolutionary manner as new media and everyday life interpenetrate one another. To intervene more successfully, we therefore need to understand better the place of the media in the everyday psychology of health, and in so doing embrace a more social and critical view of the individual than we have done in the past (see Hodgetts et al., 2005). Media advocacy work using ICT to forge new social connections and challenge existing power arrangements will perhaps have the greatest long-term potential for encouraging social action for health improvement and justice for disadvantaged groups (see Bennett, 2003; Bolam, 2005; Lim, 2003).

Note

1. No claims, however, as to the statistical representativeness of the findings can be made, and there is no control group against which the impact of participation can be measured. The sub-sample who completed follow-up telephone interviews were self-selecting and therefore could be systematically different to those who chose not to be interviewed.

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